Name in Full Elizabeth American

Certificate of Death

Died at Annapolis (Town) A. A. Co. (County) MARYLAND

Date 190 Month Jan Day 8 | Age Y. 27 M. 9 D. | Native of City | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ Divorced

Number of children living none

Husband of —

Wife 22a

Father's Name Osborn American

Mother's Name Margaret American

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 10 weeks

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by William Bishop M.D.

Address 92 Church Circle Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Emily Basford

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1900 Month Fel. Day 27. Age Y. 60 ~~M.~~ ~~D.~~ Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Jacob Basford. Mother's Name Margret Shepard

Cause of Death: Primary Dropsey from Liver — How long sick 1 year

Immediate Same 92 — ~~Accident~~, Suicide, ~~Homicide~~

Reported by H. R Walton M.

Address Francis St. Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Rachel Boston

Certificate of Death

Died at Town Annapolis County AA

MARYLAND

Date 1900 Month Feb Day 7th | Age Y. 78 M. D. | Native of Md. | Occupation Housekeeper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widow ~~Number of children living~~

Husband of Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death { Primary Paralysis 44 | Immediate

How long sick Four months

Accident, Suicide, Homicide

Reported by

Address John Ridout MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

John H Bright

Certificate of Death

Town: Annapolis County: Anne Arundel MARYLAND

Died at

Date 1900	Month: Feb	Day: 28	Y. ~~M.~~ ~~D.~~ Age: 84	Native of: Md	Occupation: Carpenter

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~

Number of children living 5

~~Husband~~ / Wife of

Father's Name: James Bright

Mother's Name: Mary Hubbard

Cause of Death — Primary: old age 141 — How long sick: 2 months

Immediate: old age

~~Accident, Suicide, Homicide~~

Reported by: James S Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Dr. Geo Wells attended
in foundation from Sun

Name in Full

Certificate of Death

Edwin Burgis Jr

Town

Died at Annapolis County Anne Arundel MARYLAND

Month Day ~~Y.~~ ~~M.~~ D.

Date 1900 Feb 14th Age 16 Native of Md Occupation ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Daniel W Burgis

Mother's Name Sarah Burdy

Cause of Death: Primary Peritonitis 93 How long sick

Immediate Do

Accident, Suicide, Homicide

Reported by A R Walton MD

Address Frances St Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6896R

Name in Full

Certificate of Death

Maria Butler

Town County

Died at Annapolis MARYLAND

Date ~~189~~ 1900 Month Feb Day 28 | Age Y 112 M. - D. - | Native of Md | Occupation —

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death { Primary Old age 141 | How long sick

Immediate " " | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm S Welch

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Percy Chaney

Certificate of Death

Died at Town Mosonville County A A MARYLAND

Date ~~1st~~ 1900 Month 2 Day 24 | Age Y. 3 M. D. | Native of Maryland | Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Joseph E. Chaney

Mother's Name Rosa. A Chaney

Cause of Death: Primary Whooping Cough 7

Immediate Congestion of Brain

How long sick

Accident, Suicide, Homicide

Reported by J B Robinson M D

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Ada Gross

Died Near Town Autwells County A Arundel MARYLAND

Date 1900 Month Feb Day 6 | Age Y. 35 M. D. | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Plummer Gross

Father's Name Wm Moore | Mother's Name Jane Hill Moore

Cause of Death: Primary Meningitis, cerebral — | How long sick 2 weeks

Immediate | Accident, Suicide, Homicide

39a

Reported by Geo W Pembroke M.D.

Address Friendship Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Mrs. Sadie Hinkey

Died at Town Davidsonville County A A MARYLAND

Date 19 w Month 2-17 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Capt. Hinkey

Father's Name R. Stackett Mother's Maiden Name

Cause of Death: Primary 5 — How long sick

Immediate Measles & Grip — Accident, Suicide, Homicide

Reported by Maryland Republican 2-24-19 w

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Name in Full Charles H Johnson

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 1900 Month Feb Day 3rd

Age Y. 2 M. D.

Native of

Occupation

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Martin Johnson

Mother's Name Mary E Johnson

Cause of Death: Primary Inanition 138

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by John Ridout MD

Address Feb 3rd 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Susan Johnson

Certificate of Death

Died at Town Annapolis County A A MARYLAND

Date 1900 Month Feb. Day 1st " | Age Y. M. D. 2 wks | Native of Annapolis | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husbend of Wife

Father's Name Martin Johnson

Mother's Name Mary E. Johnson

Cause of Death { Primary Inanition

Immediate

138

How long sick

Accident, Suicide, Homicide

Reported by John Ridout MD

Address Annapolis Md

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Neme in Full — Certificate of Death

George Lawrence Kenchington

Died at Annapolis (Town) A. A. Co. (County) MARYLAND

Dete 1900 — Month: Feby. Day: 5 — Age: Y. 0 M. 0 D. 29 — Native of: Maryland — Occupation: ~~mfgr~~

Mele / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name: Harry S. Kenchington — Mother's Name: Mamie L. Kenchington

Cause of Death — Primary: Patency of Foramen Ovale — How long sick: 11 days

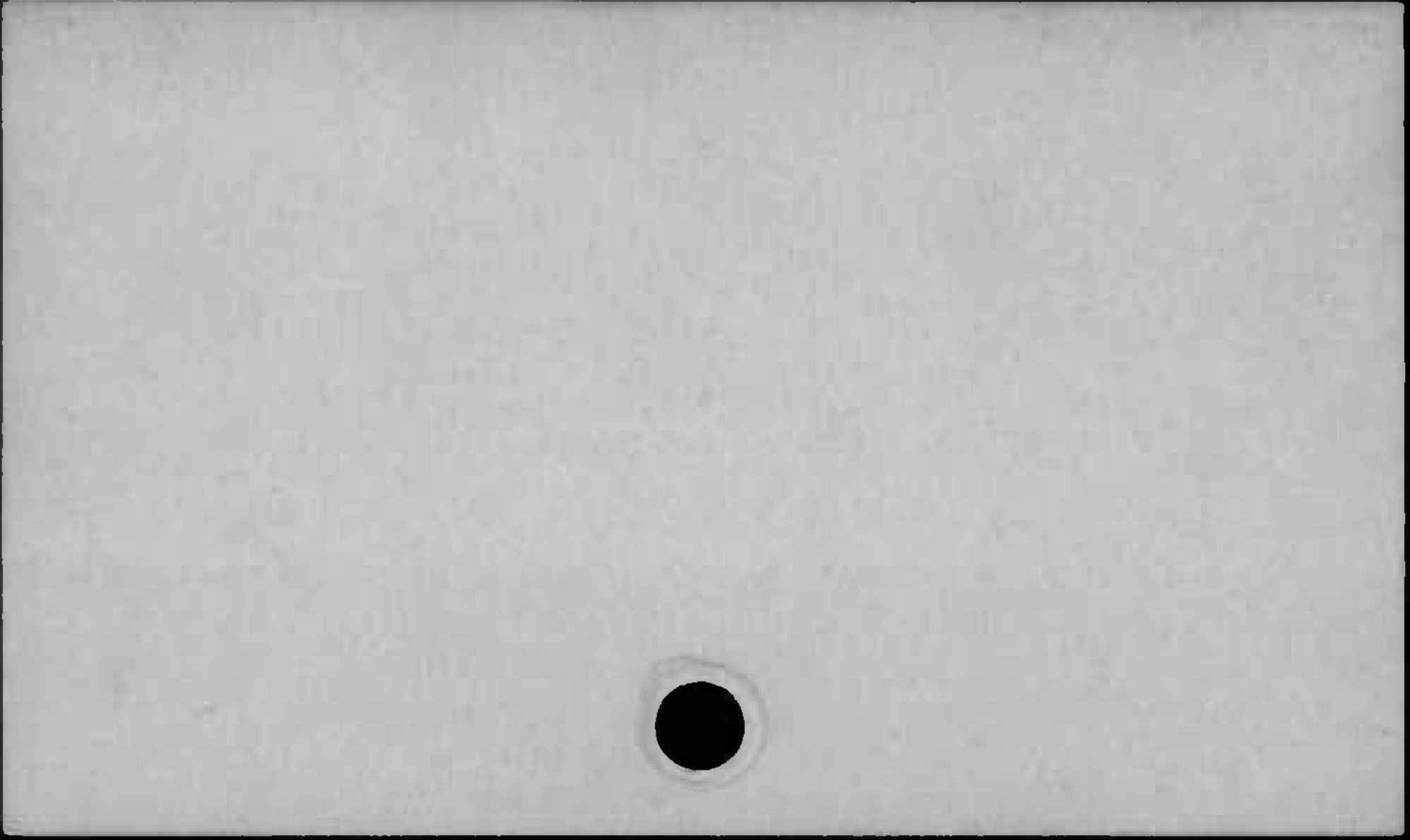
Immediate: Asphyxia — 137 — Accident, Suicide, Homicide

Reported by: W. Clement Claude MD

Address: 82 Prince Geo. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Jack Marsellas

Died at Town Fair Haven County A.A MARYLAND

Date 19 v Month 2 Day 18 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary / Immediate Pneumonia 72

How long sick

Accident, Suicide, Homicide

Reported by Calvert Gazette

Address

2-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828

Name in Full

Certificate of Death

Mrs. Sophronia Octavia Rutter

Town

County

Died at Annapolis MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1900	Feb	25	Age 53			Md	Laundress

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Philip Rutter

Father's Name Saml Etherington

Mother's Name

Cause of Death: Primary — Valvular Disease Heart — How long sick

Immediate — 57 — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Mrs. Evelina Dorsey Sellman

Certificate of Death

Died at Town: Beets Gate County: Anne Arundel MARYLAND

Date 1900 Month: Feb Day: 1 | Age Y. 60 M. D. | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Richard D. Sellman

Father's Name: Essex R. Dorsey

Mother's Name: Anne E. Dorsey

Cause of Death: Primary: Cirrhosis of liver — How long sick: 6 mos

Immediate: Exhaustion 90

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch MD

Address 72 Duke of Gloucester st, Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Frank Smith — Certificate of Death

Town: Odenton — County: A.A. — MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Feb.	2nd	8	10		Maryland	

Date 1900 — Age

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — Divorced — Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Charles Smith — Mother's Name: Martha Smith

Cause of Death: Primary: Croup. 86 — Immediate: Collapse — How long sick: 3 days

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: C P Dawson M D

Address: Odenton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85060

Name in Full: Charles Stewart

Certificate of Death

Died at — Town: Annapolis — County: A A — MARYLAND

Date 1900 — Month: Feb — Day: 16th — Age: Y. 75 ~~M.~~ ~~D.~~ — Native of: Md. — Occupation: Laborer

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: Six.

~~Husband~~ Wife of: Caroline Stewart

Father's Name: — Mother's Name: 25 b

Cause of Death — Primary: Carcinoma of the Stomach — Immediate:

How long sick: Six months

~~Accident, Suicide, Homicide~~

Reported by: John Ridout MD

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full Chas Durant Stewart.

Certificate of Death

Died at Town Brooklyn County U A Co MARYLAND

Date 1900 Month 2 Day 19 | Age Y. 61 M. D. | Native of Maryland | Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 3

Husband of Wife Annie E Stewart.

Father's Name Justin C Stewart Mother's Name Costenne Stewart

Cause of Death Primary ~~Pneumonia~~ Sn Grippe How long sick 5 days

Immediate Pneumonia 9 Accident, Suicide, Homicide

Reported by J B Robinson M D

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mary Priscilla Stocket

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1900 — Month: Feb. — Day: 5th — Age: Y. 73 M. — D. — Native of: Md. — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / ~~Divorced~~ — Number of children living: 6

~~Husband of~~ Wife: Francis W Stocket Widow

Father's Name: Wm H Hall — Mother's Name: Margaret Hood

Cause of Death — Primary: 15-3 — How long sick: 6 months

Immediate: Living out of The Vital Forces — Accident, Suicide, Homicide

Reported by: James S Taylor

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Attended by Dr. Lee Wells

Name in Full: Wilson

Certificate of Death

Died at — Town: Annapolis — County: A. Arundel — MARYLAND

Date 1900 — Month: 2 — Day: 12 — Age: Y. 1 — M. 6 — D. — Native of: md — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband of Wife: — Wilson

Father's Name: — Mother's Name: Etta Wilson

Cause of Death — Primary: Unknown — 161 — How long sick: Year

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by: J. M. Worthington

Address: Annapolis md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Anna F. Wilson

Certificate of Death

Died at Town: Annapolis County: [illegible] MARYLAND

Date 1900 Month: Feb Day: 12 | Age Y. 1 M. D. 2 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: John W Wilson

Mother's Name: Adeline Welsh

Cause of Death — Primary: Marasmus 82

Immediate:

How long sick: 2 weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Alex Evans Undertaker

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

This child was seen by the undersigned at time of birth and a few days subsequently, but did not know of its illness till informed by undertaker of the death. The certificate was issued in accordance with that information

Wm S. Welch M.D.

Name in Full

John Windsor

Certificate of Death

Died at Town: Deale County: A. A. MARYLAND

Date 1900 Month: Feb. Day: 25. | Age Y. 32. M. D. | Native of Maryland | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Two

Husband ~~Wife~~ of Bertie Marshall

Father's Name Wash. Windsor | Mother's Name Sarah E. Webster

Cause of Death: Primary Cholera Morbus 12a | How long sick Two days

Immediate Organic Heart Disease

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. T. Dent M. D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full

Certificate of Death

Died at Town St Margarets County Ala Co MARYLAND

Date 1900 Month Feb Day 10 | Age Y. M. D. | Native of Ala | Occupation Lady

Male White Married Widow Divorced

Yes Female Colored yes Single Widower Number of children living

Husband of Wife Edward Woodward

Father's Name Mother's Name

Cause of Death: Primary Phthisis 22a | How long sick 10 months

Immediate | Accident, Suicide, Homicide

Reported by H M Revelle M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....